Approved For Release 2001/05/01: CIA-RDP80-01826R890900070004-6

	A	NNUAL BIOGF L		INFORMA CS CARE		STIONNAIRE	
1. NAME (Last-First-	Initial)			2-	POSITION		
3. LOCAL HOME ADDRESS						4. HOME PHONE	
5. MARITAL STATUS 6.				ons .		AGES	
NUMBER OF				AU GH TERS		AGES	
	DEPENDENT	> —	THER		AGES		
7- FOREIGN TRAVEL IN							
8. LANGUAGE KNOWLEDGE (Pla				Good, " "F	alr" or "Po	oor" in boxes below)	
L AN GU A GE		AK WITH	TRANS- LATE	REAO	WRITE	HOW KNOWLEDGE WAS ACQUIRED	
					 		
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			05 55	1ED 4444444	I CKILLO DO	OCCECCED	
9.		CLERICAL OR OTHER MANUAL SKILLS POSSESSED					
SKILL		REMARKS					
Typing		Approximate words per minute:					
Shorthand	Shorthand Approximate words per minute:						
11.	IF "YES" COMPLETE THE FOLLOWING						
RESERVE	SERVICE ORGANIZATION ATTACHED TO						
STATUS	RANK MILITARY OCCUPATIONAL SPECIALIZATIONS						
NONE	ACTIVE TRAINING OUTY OR CORRESPONDENCE COURSES COMPLETED IN PAST YEAR						
12. AVAILABLE FOR OVERSEAS OUTY YES NO	IF "YES" STATE AREA PREFERENCE. IF "NO" STATE REASONS WHICH WOULD PRECLUDE ACCEPTANCE OF AN OVERSEAS ASSIGNMENT. (Use reverse side if necessary) S (If other than present assignment, explain in full, giving reasons, prior experience,						
education, or a side if necessa	ny other in ry)	formation whic	h would	qualify yo	ou for your	preferred assignment. Use reverse	
14. TRAINING INTERE organization. U	STS (Indica se reverse	te what traini side if necess	ing you i	believe you	should hav	re in order to increase your value to the	
I RECOGNIZE THAT THE PREFERENCES MUST DONG ANIZATION. I UTCAPABILITIES, INTER	EPENO UPON ' NOERSTANO TH RESTS AND PE	THE NEEOS OF T IAT MY PERFORM	HE ANCE,	DATE COMPL	ETED	SIGNATURE OF EMPLOYEE	

FORM NO. 780